

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

2004 JAN 15 PM 3:41

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST HOWARD	MI W.	OFFICE USE ONLY	
	NICKNAME	LAST PEAK	SUFFIX IV		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 238 MEDFORD Dr., SAN ANTONIO, Texas 78209			Date Received	
				Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 826-5481	EXTENSION	Receipt #	
				Amount	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST CHARLIE	MI	Date Processed	
	NICKNAME	LAST AMATO	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9311 SAN PEDRO, SAN ANTONIO, Texas 78216				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 525-1241	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 6 / 01 / 2003		THROUGH	Month Day Year 12 / 31 / 2003	
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

FORM C/OH

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15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6,371.80

**CONTRIBUTION
BALANCE**

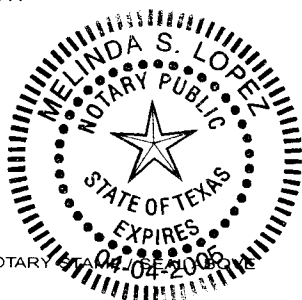
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT

AFFIX NOTARY SEAL

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Howard Peak, this the 15th day of January, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: /

2 FILER NAME

HOWARD W. PEAK, TV

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/16/03

5 Payee name

RESPIRE CARE

8 Amount
(\$)850.⁰⁰

6 Payee address; City; State; Zip Code

605 BELKNAP, SAN ANTONIO TEXAS 78212

7 Purpose of expenditure (See instructions regarding type of information required.)

DONATION

☒ Reimbursement
from political
contributions
intended

Date

10/27/03

Payee name

ANIMAL DEFENSE LEAGUE

Payee address; City; State; Zip Code

11300 NACOGDOCHES, SAN ANTONIO, TEXAS 78217

Amount
(\$)1500.⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)

DONATION

☒ Reimbursement
from political
contributions
intended

Date

12/6/03

Payee name

UNITED WAY

Payee address; City; State; Zip Code

700 S. ALAMO, SAN ANTONIO, TEXAS 78205

Amount
(\$)1091.⁸⁰

Purpose of expenditure (See instructions regarding type of information required.)

DONATION

☒ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

2004 JAN 15 PM 3:41

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: <u>2</u>
2 FILER NAME <u>HOWARD W. PEAK</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>6/1/03</u>	5 Payee name <u>SECURITY SELF STORAGE</u> 6 Payee address; City; State; Zip Code <u>1130 AUSTIN HWY, SAN ANTONIO, TX. 78209</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>STORAGE</u>	8 Amount (\$) <u>145⁰⁰</u>
Date <u>7/1/03</u>	Payee name <u>SECURITY SELF STORAGE</u> Payee address; City; State; Zip Code <u>1130 AUSTIN HWY, SAN ANTONIO, TX. 78209</u> Purpose of expenditure (See instructions regarding type of information required.) <u>STORAGE</u>	Amount (\$) <u>145⁰⁰</u>
Date <u>9/1/03</u>	Payee name <u>SECURITY SELF STORAGE</u> Payee address; City; State; Zip Code <u>1130 AUSTIN HWY, SAN ANTONIO, TX. 78209</u> Purpose of expenditure (See instructions regarding type of information required.) <u>STORAGE</u>	Amount (\$) <u>145⁰⁰</u>
Date <u>11/3/03</u>	Payee name <u>SECURITY SELF STORAGE</u> Payee address; City; State; Zip Code <u>1130 AUSTIN HWY, SAN ANTONIO, TX. 78209</u> Purpose of expenditure (See instructions regarding type of information required.) <u>STORAGE</u>	Amount (\$) <u>145⁰⁰</u>
Date <u>11/6/03</u>	Payee name <u>HOWARD W. PEAK</u> Payee address; City; State; Zip Code <u>238 MEDFORD DR., SAN ANTONIO, TX. 78209</u> Purpose of expenditure (See instructions regarding type of information required.) <u>REIMBURSEMENT - SEE SCHEDULE G.</u>	Amount (\$) <u>850⁰⁰</u>

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NON-POLITICAL EXPENDITURES**MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

2004 JAN 15 PM 3:41

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 2
2 FILER NAME HOWARD W. PEAK		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/6/03	5 Payee name HOWARD W. PEAK 6 Payee address; City; State; Zip Code 238 MEDFORD DR., SAN ANTONIO, TX. 78209 7 Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT - SEE SCHEDULE G	8 Amount (\$) 1,500.⁰⁰
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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